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The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Environmental Health

Radiation Control Program

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MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Massachusetts Radiologic Technologist Licensing Exam Application Form

Name: _____

Soc Sec # _____ / /

Date of Birth: _____

Email : _____

Telephone: _____

Mailing Address

Street/ PO Box: _____

State: _____

City: _____

Zip Code: _____

EXAMINATION CATEGORY (CHECK APPROPRIATE LINES)

- RADIOGRAPHY TECHNOLOGY
- RADIATION THERAPY TECHNOLOGY
- COMPUTED TOMOGRAPHY
- NUCLEAR MEDICINE

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.

Signature: _____

Date: _____

TO APPLY FOR THE MA EXAMINATION, YOU MUST ENSURE YOU SUBMIT THE FOLLOWING:

- completed application
- copy of your education transcript with grades
- copy of the complete course descriptions and syllabi for the RT program taken
- clinical assessment document listing what competencies you needed to demonstrate prior to graduation.
- Submit check or money order payable to the Commonwealth of Massachusetts for \$ 140.00

EXAMINATION LOCATION PREFERENCE:

- Boston, MA
- Albany, NY
- New Haven, CT
- Providence, RI
- Concord, NH
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ADDITIONAL RT INFORMATION MAY BE FOUND AT

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/exposure-topics/radiation/radiologic-technologist/>